MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02258

Reg. Dist. No. 351

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (In this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosse St. Eft.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	James	C.	Batter	July	23	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	10-15-1882	66-8-8 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waiter	Jim's Woods	Kentuck North Carolonia	

13. FATHER'S NAME Jessie Batter
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Jessie C. Batter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Pulmonary Edema	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Vascular accident	1 wk.
	(c) Hypertensive Cardiovascular Renal disease	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Right Hemiplegia.	1 wk

442
131a

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from April, 1949, to July 23, 1949, that I last saw the deceased alive on July 21, 1949, and that death occurred at 4 A. m. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert L. Lellas	M.D.	Snow Hill, Md	7/25/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 26 49	Baptist	Snow Hill	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/25/49	LeRoy Smith	Clay B. Timmis	Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 24 1939
BUREAU V. R.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07259

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS No

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill; STREET ADDRESS (If rural, give location) Willow Street

3. NAME OF DECEASED (Type or Print): (First) Sarah; (Middle) Louise; (Last) Clark

4. DATE OF DEATH: (Month) 7 (Day) 28 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: A A

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: about 1899

9. AGE last birthday: about 50 yrs.

If under 1 year: Months; Days

If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): Snow Hill

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Tull

14. MOTHER'S MAIDEN NAME: Sarah Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Miss Lelia Tull

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cancer of breast	2 yr
170 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 50	(b) Asthma, bronchial, allergy not known	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19[illegible], to July 28, 1949, that I last saw the deceased alive on July 27, 1949, and that death occurred at 8.30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul Cohen M.D. Snow Hill Md 7/29/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-31-49

NAME OF CEMETERY OR CREMATORY: Ebenezer Cemetery

LOCATION (City, town, or county) (State): Snow Hill Md

DATE REC'D BY LOCAL REG.: 7/29/49

REGISTRAR'S SIGNATURE: LeRoy Smith

24. FUNERAL DIRECTOR ADDRESS: James F. Stewart, 402 E. Church St. Salisbury, Md.

RECEIVED
AUG 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07260

CERTIFICATE OF DEATH

Reg. Dist. No. 354

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton Rural
LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton Rural
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Henry (Last) Coleburn

4. DATE OF DEATH (Mooth) July (Day) 13 (Year) 1949

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Feb. 19, 1882

9. AGE last birthday 67 yrs. If under 1 year Mooths 4 Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kiod of work done during most of working life, eveo if retired) Retired merchant

10b. KIND OF BUSINESS OR INDUSTRY Storekeper

11. BIRTHPLACE (State or foreign couotry) Stockton

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Edward Henry Coleburn

14. MOTHER'S MAIDEN NAME Emma Hudson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowo) (If year, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Paige Fisher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 6 months

420.1 Antecedent cause(s)
131a Diseases or conditions, if any, giviog rise to the above cause statiog the underlying cause last (b) Chronic Int nephritis Cirrhosis Myocarditis — years

(c) Generalized Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Cooditions contributing to the death but not related to the disease or conditioo causing death.

19a. DATE OF OPERATION nne

19b. MAJOR FINDINGS OF OPERATION nne

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY no (CITY OR TOWN) nne (COUNTY) (STATE)

TIME OF INJURY (Mooth) (Day) (Year) (Hour) m. nne

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to July 13, 1949, that I last saw the deceased alive on July 13, 1949, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Emmett Coleburn MD Mount Vernon md July 15 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE July 15, 1949 — NAME OF CEMETERY OR CREMATORY Goodwill M. E. — LOCATION (City, town, or county) (State) Pocomoke, md Rural

DATE REC'D BY LOCAL REGISTRAR July 16, 1949 — REGISTRAR'S SIGNATURE Betty Massey

24. FUNERAL DIRECTOR Henry H. Watson — ADDRESS Pocomoke City

VS. A15

RECEIVED
JUL 26 1949
BUREAU T. S.

mw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 354

1. PLACE OF DEATH · COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Delaware COUNTY Sessex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Girdletree. On Rd,12 — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Selvyville Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Samuel	(Middle)	(Last) Coleman	4. DATE OF DEATH	(Month) July	(Day) 19	(Year) 1949
6. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Sept,10 1900	9. AGE last birthday 48 yrs.	If under 1 year Months 10	Days 9	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Barber	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME ? Coleman	14. MOTHER'S MAIDEN NAME ?						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT Howard A. Gill					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & laceration of brain due

816.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of the skull

170c (c) Auto-truck collision

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Date road	(CITY OR TOWN) near Mary Girdletree	(COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) July 19 1949 5:30 a.m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on dead July 19, 1949, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr. N. E. Santorius	Dep. Med. Exam	Pocomoke City Md	7/19/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/23/1949	Halls Hill Cemetery	Pocomoke City. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 23, 1949	Mary M. Taylor	Howard A. Gill	Pocomoke City, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUL 26 1949
BUREAU V. S.

07262

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Edward (Last) Collick			4. DATE OF DEATH (Month) July (Day) 20 (Year) 1949		
5. SEX male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 12/15/1879	9. AGE last birthday 69 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter	10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (State or foreign country) Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Lemuel Collick			14. MOTHER'S MAIDEN NAME Emma Harmon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Clara Collick		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary disease (Probably) — Indeterminate

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia — 3 yrs ago

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased ~~alive~~ dead on July 20, 1949 and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr N. E. Gastonius	Dep Med Exam	Pocomoke City Md	7/20/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE July 23/49	NAME OF CEMETERY OR CREMATORY Ebenezer	LOCATION (City, town, or county) Snow Hill	(State) Md
DATE REC'D BY LOCAL REG. 7/22/49	REGISTRAR'S SIGNATURE Leroy Smith	24. FUNERAL DIRECTOR Clay E. Timmis	ADDRESS Snow Hill Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07263

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Market St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke; STREET ADDRESS (If rural give location) Market Street

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) M (Last) CROCKETT

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 23-1886

9. AGE last birthday: 62 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Judge

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles W Crockett

14. MOTHER'S MAIDEN NAME: Ellen Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no; (If year, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs Lelia B. Crockett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	Minutes only
420.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive (marked) Cardio-Vascular Renal	Many years
	(c) Arteriosclerosis, Generalized, moderate	" "

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Auricular Fibrillation recently to D-C abn. appox. 1 year

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3 June, 19 47, to 20 June, 19 49, that I last saw the deceased alive on 17 July, 19 49, and that death occurred at 8:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Norman E. Sartorius Jr.; M.D Pocomoke, Md. 21 July 49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: July 23-1949; NAME OF CEMETERY OR CREMATORY: Bethany M.E. Cemetery; LOCATION (City, town, or county) (State): Pocomoke, Worcester, Maryland

DATE REC'D BY LOCAL REG.: July 22, 1949; REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR: Henry L. Watson; ADDRESS: Pocomoke, Md.

VS. A15

RECEIVED
JUL 25 1949
BUREAU V. S.

RECEIVED
BUREAU V. S.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07264

CERTIFICATE OF DEATH

Reg. Dist. No. 353

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lower Eastern Shore Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishopsville
STREET ADDRESS (If rural, give location) Rt 1 Box 113

3. NAME OF DECEASED (Type or Print): (First) Russel (Middle) Davis (Last) Jones Jr.

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 21 1949

9. AGE last birthday: 4 mos. yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Davis Russell Jones Jr.

14. MOTHER'S MAIDEN NAME: Stockley, Mildred Irene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture of Skull — INTERVAL BETWEEN ONSET AND DEATH

816.5

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auto collision

170c

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, office bldg., etc.): Rt 113 — (CITY OR TOWN): 5 miles South of Md-Del line — (COUNTY): Worcester — (STATE): Md

TIME OF INJURY (Month) July (Day) 21 (Year) 49 (Hour) 5:30 p.m.

INJURY OCCURRED: While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Collision with motor auto

22. I hereby certify that I attended the deceased from ..... 19....., to ....., 19....., that I last saw the deceased alive on July 21, 1949, and that death occurred at 5:43 p.m., from the causes and on the date stated above.

SIGNATURE: Dr W. S. Hartsome (Degree or title: Dep Med Exam) ADDRESS: Pocomoke City Md DATE SIGNED: 7/21/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 23. 1949 — NAME OF CEMETERY OR CREMATORY: Odd Fellows Cemetery — LOCATION (City, town, or county): Bishopsville (State): Md.

DATE REC'D BY LOCAL REG. 8/5/49 — REGISTRAR'S SIGNATURE: Mrs. Hilda Ryan Surrogate

24. FUNERAL DIRECTOR: Henry H. Watson — ADDRESS: Pocomoke City

VS. A15

Potassium acetate gr $\bar{x}o$
in Infusion of Digitalis
℥ss. q 4 hrs
Mr Wm Bro
223 B.

orthopin

RECEIVED
SEP 7 1949
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07265

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Worcester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near Ocean City (Rural) — LENGTH OF STAY (in this place): 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ocean City — Rural
STREET ADDRESS (If rural, give location): Berlin Md RR #2

3. NAME OF DECEASED (Type or Print): (First) Wm (Middle) Henry (Last) Davis

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: 10/24/1919

9. AGE last birthday: 29 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Davis

14. MOTHER'S MAIDEN NAME: Lavinia Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes

16. SOCIAL SECURITY No.:

17. INFORMANT: His Sister - Edward Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

916.0 **Immediate cause** (a)

180 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Deceased was driving Probably fainted & was caused by Lighted Cigarette

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN): near Ocean City — (COUNTY): Worcester — (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): July 28 1949 4:20 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? I crashed on turning curve

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: M. E. Bartonus (Degree or title) M.D. ADDRESS: Ocean City Md. DATE SIGNED: 7/28/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/30/49 — NAME OF CEMETERY OR CREMATORY: Taylorville — LOCATION (City, town, or county): Berlin Md R.F.D. — (State)

DATE REC'D BY LOCAL REG.: 7-29-49 — REGISTRAR'S SIGNATURE: Helen F. Hayward

24. FUNERAL DIRECTOR: Emma A. Burbage — ADDRESS: Berlin Md

VS. A15A

RECEIVED
AUG 2 1949
BUREAU V. S.

Evidence for addition of #9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07266

CERTIFICATE OF DEATH

Reg. Dist. No. 355

FILM No. C 121 AUG 19 1949

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin R.D. — LENGTH OF STAY (In this place) 70 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural give location) R.F.D. Bridgetown

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert		Dennis.	July	30	1949.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	Colored	Married	Unk.	About 68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer.	Farm.	Princess Anne Md	U S A

13. FATHER'S NAME: Unknown.

14. MOTHER'S MAIDEN NAME: Emma Dennis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.	none	Mrs. Maggie Dennis.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331 Immediate cause	(a) Cerebral Hemorrhage	48 hrs.
83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	1 year
	(c) Unknown	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No	Home	Berlin	Worcester	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
July 30, 1949			

22. I hereby certify that I attended the deceased from June 1949, to July, 1949, that I last saw the deceased alive on July 30, 1949, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
T. E. O'Donnell M.D.	Berlin, Md.	Aug. 1. 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8-2-49	St. Pauls (cem)	Berlin	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-2-49	Helen F. Hayward	Anna A. Burbage	Berlin Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 5 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07267

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill #1 | LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill #1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Doak

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Feb 19-1866 | 9. AGE last birthday: 83-4-29 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Beith, Ayreshire, Scotland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Doak | 14. MOTHER'S MAIDEN NAME: Mary Ann Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No.: None | 17. INFORMANT: Mrs Elsie L. Doak

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 **Immediate cause** (a) Coronary Thrombosis — 1 day

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerotic Heart disease — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1/49, 19....., to 7/18/49, 19....., that I last saw the deceased alive on 7/17/49, 19....., and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul Cohen M.D. ADDRESS — DATE SIGNED 7/18/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF July 20/49 | NAME OF CEMETERY OR CREMATORY Bowen | LOCATION (City, town, or county) (State) Newark, Md

DATE REC'D BY LOCAL REG. 7/19/49 | REGISTRAR'S SIGNATURE LeRoy Smith | 24. FUNERAL DIRECTOR Alley & Timmis | ADDRESS Snow Hill, Md

RECEIVED
JUL 21 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07268

CERTIFICATE OF DEATH

Reg. Dist. No. 855

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lily	Dale	Hudson.	July	6	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	Mar 25, 1871	78 yrs.	3 / 11	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Berlin Md R F D	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Valentine Dennis	Hettie C. Timmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs. Elizabeth Mumford.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 Immediate cause (a) Chr. Myocarditis

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension & Chr Nephritis — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan, 1949, to July 5, 1949, that I last saw the deceased alive on July 5, 1949, and that death occurred at 7-6-5? a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chas. R. Parr M.D. — July 6 - 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/8/49.	Evergreen	Berlin Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-6-49	Helen F. Hayward	Emma A. Burbage	Berlin Md

VS. A15

RECEIVED
JUL 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin R.F.D.
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Ramona (Middle) Sharon (Last) Hudson

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1949

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 7/8/49

9. AGE last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours 5 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Berlin Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Rudolph Hudson

14. MOTHER'S MAIDEN NAME: Victoria Burnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Rudolph Hudson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776 **Immediate cause** (a) Premature birth

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

159 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 7-8-49 19..... to 7-8-49, 19....., that I last saw the deceased alive on 7-8-49, 19....., and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE: Clifford E. Schatt — (Degree or title) M.D. — ADDRESS: Berlin Md — DATE SIGNED: 7-9-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/9/49 — NAME OF CEMETERY OR CREMATORY: St. Paul's — LOCATION (City, town, or county) (State): Berlin Md

DATE REC'D BY LOCAL REG.: 7-9-49 — REGISTRAR'S SIGNATURE: Helen F. Hayward

24. FUNERAL DIRECTOR: Anna L. Bunting — ADDRESS: Berlin Md

RECEIVED
JUL 12 1949
BUREAU V. S.

07270

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sylvia (Middle) W. (Last) Humphreys

4. DATE OF DEATH (Month) July (Day) 16 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 24 1896

9. AGE last birthday 52/9/22 YRS. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Paris Tennessee

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas P. White

14. MOTHER'S MAIDEN NAME Evelyn Harvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mr Arthur E. Humphreys, Jr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
170	Immediate cause	(a) Acute Pulmonary Edema	1 day
50	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma - Left Breast	3 yrs
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1949, to July 16, 1949, that I last saw the deceased alive on July 15, 1949, and that death occurred at 9:10 P m. from the causes and on the date stated above.

SIGNATURE Robert L. LaMar (Degree or title) MD ADDRESS Snow Hill, Md DATE SIGNED 7·18·49

23. RURAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF July 18/49 NAME OF CEMETERY OR CREMATORY Whatcoat Methodist LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 7/18/49 REGISTRAR'S SIGNATURE R. Roy Smith

24. FUNERAL DIRECTOR Allay E. Timmis ADDRESS Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 1949
BUREAU V. S.

07271

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ouley's Factory

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill R.F.D.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Lee (Last) Johnson
4. DATE OF DEATH (Month) July (Day) 27 (Year) 1949
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 28/1911
9. AGE last birthday 37-1029 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Canning Factory
11. BIRTHPLACE (State or foreign country) Fort Valley - Georgia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Dixon
14. MOTHER'S MAIDEN NAME Katie Hiley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 255-38-3992
17. INFORMANT Willie Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Dehydration & Shock	10 Hr.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Intestinal Obstruction	2 days
	(c)	

5705
1224

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 26, 1949, to July 27, 1949, that I last saw the deceased alive on July 26, 1949, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert L. LaMar, MD. ADDRESS Snow Hill, Md. DATE SIGNED 7-27-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE 7/27/49 NAME OF CEMETERY OR CREMATORY Slappy LOCATION (City, town, or county) (State) Fort Valley Georgia
DATE REC'D BY LOCAL REG. 7/27/49 REGISTRAR'S SIGNATURE Rebecca Smith
24. FUNERAL DIRECTOR Alan E. Emmit ADDRESS Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 30 1949
BUREAU U. S.

Evidence for change of age is on:

MARYLAND STATE DEPARTMENT OF HEALTH TN

2411 N. Charles Street, Baltimore

07272

CERTIFICATE OF DEATH

Reg. Dist. No. 355

FILM No. G-121 JUL 25 1949

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 210 Baltimore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 312 East William St. ✓

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) Louis (Last) Kilian
4. DATE OF DEATH (Month) July (Day) 16 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec. 13 1881
9. AGE last birthday ~~66~~ 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wood Working Plow Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 117-05-2413
17. INFORMANT Mrs. Henry L. Kilian (wife) 312 E. William St. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours

420.1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 July, 1949, to 16 July, 1949, that I last saw the deceased alive on 16 July, 1949, and that death occurred at 2:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Nathaniel L. Thomas MD. ADDRESS Ocean City Md. DATE SIGNED 16 July 49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF July 16-49
NAME OF CEMETERY OR CREMATORY Parsons -
LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REG. 7-17-49
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07273

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ocean City
LENGTH OF STAY (in this place): 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ocean City
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Sophia (Middle) Frederica (Last) Kurtz (R)
4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Apr. 3, 1886
9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): owner & mgr of THE GABLES
10b. KIND OF BUSINESS OR INDUSTRY: rooming house
11. BIRTHPLACE (State or foreign country): Westville, N. J.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Chrystian Schwenger
14. MOTHER'S MAIDEN NAME: Sophia Bergmon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Margaret Burbage (R)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
94a

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 1½ hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 July, 1949, to 11 July, 1949, that I last saw the deceased alive on 11 July, 1949, and that death occurred at 9:50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Nathaniel R. Thomas M.D. — ADDRESS: Ocean City, Md. — DATE SIGNED: 12 July 49

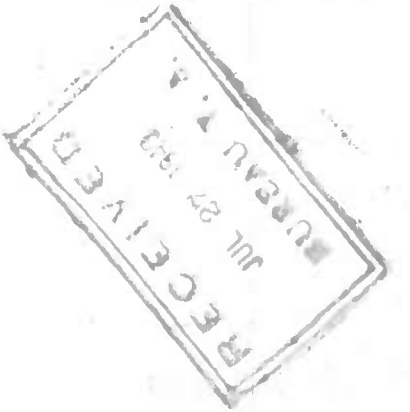
23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 7/13/49
NAME OF CEMETERY OR CREMATORY: Winenoah
LOCATION (City, town, or county) (State): Winenoah, N. J.

DATE REC'D BY LOCAL REG. 7/13/49
REGISTRAR'S SIGNATURE: Helen F. Hayward
24. FUNERAL DIRECTOR — ADDRESS: M. Pasha Watson - Selbyville, Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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JUL 27 1943
BUREAU V.A.

07274

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Ocean City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penn. COUNTY Lancaster
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lancaster
STREET ADDRESS (If rural give location) 12 Chester

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) O. (Last) Leman
4. DATE OF DEATH (Month) July (Day) 26 (Year) 1949
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 2/17/1897
9. AGE last birthday 52 yrs. If under 1 year: Months 5 Days 4 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Port Chester, Conn.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME August Schmidt (Germany)
14. MOTHER'S MAIDEN NAME Anna Schmuck (Germany)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Charles H. Leaman Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) (Accidental) Traumatism resulting in loss of left arm & cut of throat & cut through skull — INTERVAL BETWEEN ONSET AND DEATH: Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

857.8
172

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Ocean City Inlet near Ocean City (CITY OR TOWN) Worcester (COUNTY) Md (STATE)
TIME OF INJURY (Month) July (Day) 26th (Year) 1949 (Hour) 12 pm
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Struck by cutting blades of a boat propeller

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on dead July 26, 1949 and that death occurred at 12:20 p.m., from the causes and on the date stated above.

SIGNATURE Dr N. E. Antonius (Degree or title) Dep. Med Exam ADDRESS Pocomoke City Md DATE SIGNED 7/26/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/29/49
NAME OF CEMETERY OR CREMATORY Mellinger Cem.
LOCATION (City, town, or county) Lancaster (State) Pa

DATE REC'D BY LOCAL REG. 7-26-49
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 29 1949
BUREAU F. B.

07275

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 723 Clarke Ave,

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Samuel (Last) Melvin			4. DATE OF DEATH (Month) July (Day) 12 (Year) 1949		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH July 16, 1861	9. AGE last birthday 87 yrs.	If under 1 year Months 11 Days 26 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Veterinarian, Retired	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Worcester. Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Samuel Melvin			14. MOTHER'S MAIDEN NAME Jane Blades		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Mr Samuel E. Melvin. (Son)		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
725 Immediate cause	(a) Lobar Pneumonia	3 Days
108 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized & Marked Arteriosclerosis	years
	(c) Arthritis severe of the dorsal & lumbar spines (D) anemia severe, secondary	years approx 18 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (1) Pruritus Senilis (2) Myocarditis with edema. " 18 months

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) no	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY no	(CITY OR TOWN) Pocomoke (COUNTY) Worcester (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐ —	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 21 January, 1947, to 12 July, 1949, that I last saw the deceased alive on 12 July, 1949, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Norman E. Sartorius, Jr. M.D., Pocomoke City, Maryland 7/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7/15/1949	NAME OF CEMETERY OR CREMATORY Salem Methodist Cem,	LOCATION (City, town, or county) Pocomoke City. (State) Md,
DATE REC'D BY LOCAL REG. July 14, 1949	REGISTRAR'S SIGNATURE Anne E. White	24. FUNERAL DIRECTOR Howard A. Gill	ADDRESS Pocomoke City. Md,

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 16 1948
BUREAU V. S.

07289

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark
STREET ADDRESS (If rural give location) R F D. Bayside

3. NAME OF DECEASED (Type or Print) (First) Joseph. (Middle) Lee (Last) Mitchell
4. DATE OF DEATH (Month) July (Day) 5 (Year) 1949
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 3/17/1868
9. AGE last birthday 81 yrs. If under 1 year Months 3 Days 18 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Berlin Md
12. CITIZEN OF WHAT COUNTRY? WSA
13. FATHER'S NAME Washington Mitchell
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. J. L. Mitchell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Interstitial Nephritis	?
444 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	?
13a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/9/, 1949, to 7/4/, 1949, that I last saw the deceased alive on 7/4/, 1949, and that death occurred at 2.A. m., from the causes and on the date stated above.

SIGNATURE Alfred E. Schatt (Degree or title) M.D. ADDRESS BERLIN MD DATE SIGNED 7/6/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/7/49
NAME OF CEMETERY OR CREMATORY Trinity
LOCATION (City, town, or county) Newark (State) Md
DATE REC'D BY LOCAL REG. 7/7/49
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Anna A Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07276

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pocomoke | LENGTH OF STAY (In this place) 64 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Pocomoke City
STREET ADDRESS (If rural give location) S F

3. NAME OF DECEASED (Type or Print): (First) EFFIE (Middle) L (Last) PHILLIPS

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 6 1885

9. AGE last birthday: 64 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Sidney Phillips.

14. MOTHER'S MAIDEN NAME: Delia Guthrie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service)

16. SOCIAL SECURITY No. —

17. INFORMANT: Mr. J. Frank Phillips

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

593 Immediate cause (a) Cerebral Embolus with Rt. Paralysis — Interval between onset and death: 1 wk.

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nephritis and Hypertension. — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1949 to July 7 1949 that I last saw the deceased alive on July 7, 1949 and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Louis G. Llewelyn, M.D. | Pocomoke City | 7/8/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE June 10, 1949 | NAME OF CEMETERY OR CREMATORY Hall's Hill Baptist | LOCATION (City, town, or county) (State) Pocomoke, Worcester, Md.

DATE REC'D BY LOCAL REG. June 9, 1949 | REGISTRAR'S SIGNATURE Anne E. White | 24. FUNERAL DIRECTOR Henry L. Watson | ADDRESS Pocomoke Md.

RECEIVED
JUL 11 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

07277

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke City
LENGTH OF STAY (In this place) 1 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Alabama COUNTY Coffee
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Enterprise
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Joe (Middle) Willie (Last) Phillips

4. DATE OF DEATH (Month) July (Day) 8 (Year) 1949

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Aug. 19, 1933

9. AGE last birthday 15 yrs. If under 1 year Months 10 Days 19 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Enterprise. Alabama

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME Dewey Phillips

14. MOTHER'S MAIDEN NAME Jannie Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Dewey Phillips (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning

929.8 Antecedent cause(s) Cramps while swimming

183 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Less than hour

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Gravel pit near Pocomoke City (CITY OR TOWN) Worcester (COUNTY) Md (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on Dead July 8, 1949, and that death occurred at 3:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) N. E. Sartorius M.D. ADDRESS Dep. McKeown Pocomoke City Md DATE SIGNED 7/11/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 7/12/1949

NAME OF CEMETERY OR CREMATORY Hall Hill Cemetery

LOCATION (City, town, or county) Pocomoke City. Wo, Co, (State) Md

DATE REC'D BY LOCAL REG. July 11, 1949

REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR Howard A. Gill, ADDRESS Pocomoke City, Md.

RECEIVED
JUL 13 1949
BUREAU V. S.

07278

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gerdletree Rural
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gerdletree, Rural
STREET ADDRESS (If rural, give location) 1/2 mile of Gerdletree Md

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Jane (Last) Powell
4. DATE OF DEATH (Month) July (Day) 28 (Year) 1949
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Jan 6th 1868
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stocking work
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Solomon Powell
14. MOTHER'S MAIDEN NAME Elizabeth Bowden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Harvey J. Powell (Son of deceased)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Ill defined

592 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (Probably) Chronic Nephritis

131 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY No injury (CITY OR TOWN) ✓ (COUNTY) ✓ (STATE) ✓
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? ✓

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr N. E. Sartorius (Degree of title) Sec Med Exam ADDRESS Pocomoke City Md DATE SIGNED 7/28/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF July 31/49 NAME OF CEMETERY OR CREMATORY Whatcoat MC LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 7/30/49 REGISTRAR'S SIGNATURE L. Foy Smith
24. FUNERAL DIRECTOR Clay Elkins Snow Hill, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07279

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
LENGTH OF STAY (in this place): 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: North Carolina — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kinston
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Marvin (Middle) Daniel (Last) Rhodes.

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 19 49

5. SEX: male

6. COLOR OR RACE: colored.

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: July 22, 1948

9. AGE last birthday: yrs. | If under 1 year: Months 1 | Days 12 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kinston N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mordecai Rhodes.

14. MOTHER'S MAIDEN NAME: Doris McCoy.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mordecai Rhodes.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
571.0	Immediate cause	(a) Shock, dehydration,	12 hours
119a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cholera Infantum	4 days
		(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
—

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 July, 19 49, to 4 July, 19 49, that I last saw the deceased alive on 4 July, 19 49, and that death occurred at 1:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Howard A. Rabbitt M.D. 5 Bay St. Berlin, Md. 5 July 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 7/9/49 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Kinston (State) N. C.

DATE REC'D BY LOCAL REG. 7-6-49 | REGISTRAR'S SIGNATURE: Helen F. Hayward

24. FUNERAL DIRECTOR: Irma A. Burbage ADDRESS: Berlin Md.

RECEIVED
JUL 12 1949
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

07280

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 353

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Bishopville
LENGTH OF STAY (in this place) 21 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Gainesville COUNTY Fla.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) M (I.O.) (Last) SPEIGHTS
4. DATE OF DEATH (Month) 7 (Day) 1 (Year) 1949
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated
8. DATE OF BIRTH Unknown (about 1900)
9. AGE last birthday 49+ yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 259-01-9876
17. INFORMANT Identification Papers.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Aneurysm of Aorta (Leutic) — INTERVAL BETWEEN ONSET AND DEATH: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Hemorrhage — 3 min.

(c)

022
30d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Unimportant

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm (CITY OR TOWN) Bishopville (COUNTY) Wor. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 7 1 49 9 30 p m.
INJURY OCCURRED While at work ☐ Not while at work ☐ Natural causes
HOW DID INJURY OCCUR? Natural causes

natural cause

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE F. S. Waesche (Degree or title) MD ADDRESS Sever Hill Md DATE SIGNED 7/2/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF July 7 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Gainesville (State) Florida

DATE REC'D BY LOCAL REG. 7/2/49 REGISTRAR'S SIGNATURE H. Roy Bergey
24. FUNERAL DIRECTOR M. Pasha Watson ADDRESS Selbyville Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07281

CERTIFICATE OF DEATH

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin R&D. | LENGTH OF STAY (In this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural give location) RFD St Martins

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	M.	Spicer.	July	27	1949.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	colored	single	1879.	70 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm laborer.	Farm.	Elizabeth City, N. C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown	unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
No.	none.	James Tynes.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592 **Immediate cause** (a) Chronic Myocarditis

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) Chronic Ost. Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 1, 1949, to July 27, 1949, that I last saw the deceased alive on July 24, 1949, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Clifford E. Lehrt	M.D.	Berlin Md.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-29-49	St Pauls (Cem).	Berlin Wor. Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-29-49	Helen F. Hayward	Anna A. Burbage	Berlin Md.

RECEIVED
AUG 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07282

Cb

CERTIFICATE OF DEATH

Reg. Dist. No. 354

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Girdletree. on Rd,12
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY Sessex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frankford
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Elton (Middle) James (Last) Trader

4. DATE OF DEATH (Month) July (Day) 19 (Year) 1949

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Dec,27.1906

9. AGE last birthday 42 yrs. If under 1 year Months 6 Days 22 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor

10b. KIND OF BUSINESS OR INDUSTRY Chicken Indust,

11. BIRTHPLACE (State or foreign country) Horntown. Va,

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Joel Trader

14. MOTHER'S MAIDEN NAME Charlotte Handy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Joel Trader (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhages & Lacerations of Brain — Instantaneous

816.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of Skull

170c (c) Auto-truck collision

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) State Road near (CITY OR TOWN) Girdletree (COUNTY) Worcester (STATE) Md

TIME OF INJURY (Month) July (Day) 19 (Year) 6 30 a m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Head on collision auto-truck

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased ~~alive on~~ died July 19 1949, and that death occurred at 6 30 a m. from the causes and on the date stated above.

SIGNATURE Dr N. E. Sartorius (Degree or title) Dep Med Exam ADDRESS Pocomoke City DATE SIGNED Md Aug 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7/24/1949

NAME OF CEMETERY OR CREMATORY Dee's Chapel Cemetery

LOCATION (City, town, or county) Horntown. (State) Va.

DATE REC'D BY LOCAL REG. July 20, 1949

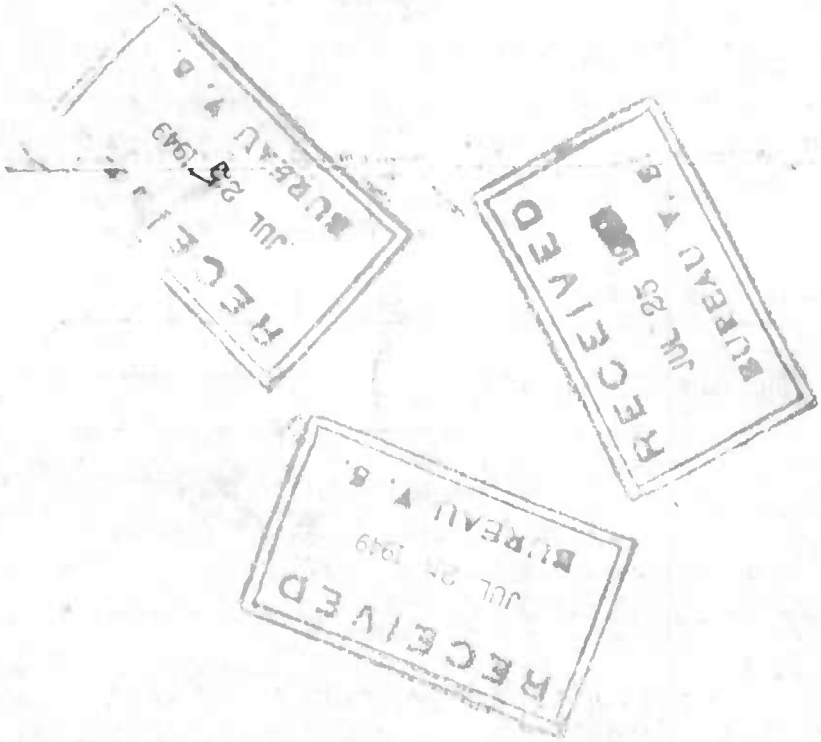
REGISTRAR'S SIGNATURE Mary M. Taylor

24. FUNERAL DIRECTOR Howard A. Gill ADDRESS Pocomoke City. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH TN

07283

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (in this place) 1 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk Md
STREET ADDRESS (If rural give location) 6806 Dunhill Road ✓

3. NAME OF DECEASED (Type or Print) (First) Boyd (Middle) Wesley (Last) Walter
4. DATE OF DEATH (Month) 7 (Day) 23 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov 6, 1905
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Roller
10b. KIND OF BUSINESS OR INDUSTRY Beth Chem Steel
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Robert Claud Walter
14. MOTHER'S MAIDEN NAME Mary E. Ash
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-07-660
17. INFORMANT Mrs. Anna M. Walter (widow)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Artery Disease — Minutes

95c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Hypertrophy and Arteriosclerosis — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. Natural Causes
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) Natural Causes
TIME OF INJURY (Month) (Day) (Year) (Hour) Natural Causes m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Natural Causes

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE F. S. Waesche (Degree or title) M.D. ADDRESS (DME) Snow Hill Md DATE SIGNED 7/23/49

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF July 27, 1949 NAME OF CEMETERY OR CREMATORY O'Bland LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. 7-24-49 REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
JUL 29 1949
BUREAU V. S.

07284

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 354

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gindletree
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City Rural
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Dorsey (Middle) W (Last) ward

4. DATE OF DEATH (Month) July (Day) 25 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 14, 1905
9. AGE last birthday 44 yrs. If under 1 year: Months 2 Days 11 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Pocomoke City, Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Archie R. Ward
14. MOTHER'S MAIDEN NAME Birda C. Townsend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 219-07-2839
17. INFORMANT Mr. Mervin Ward

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning — Few minutes

929.8 Antecedent cause(s)

183 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Was subject to spasms (Probably Epileptic)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) In the bay
(CITY OR TOWN) Snowpuzzant bay (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 12 45 to 1 PM m.
INJURY OCCURRED While at Work ☑ Not While At work ☐
HOW DID INJURY OCCUR? Don't Know

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on Sept July 25, 1949 and that death occurred at about 1 P m., from the causes and on the date stated above.

SIGNATURE N. E. Cartorius (Degree or title) Dep. Med. Exam. ADDRESS Pocomoke City Md DATE SIGNED 7/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 27, 1949
NAME OF CEMETERY OR CREMATORY Goodwill Methodist
LOCATION (City, town, or county) Pocomoke City (State) Md

DATE REC'D BY LOCAL REG. July 28, 1949
REGISTRAR'S SIGNATURE Mary M. Taylor
24. FUNERAL DIRECTOR Henry L. Watson ADDRESS Pocomoke Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 30 1949
BUREAU V. S.